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# Fax Transmittal Form

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OCT 21 2005

Microsoft Corporation  
One Microsoft Way  
Redmond, WA 98052-6399  
United States of America

[www.microsoft.com](http://www.microsoft.com)  
Phone: (425) 882-8080  
Fax: (425) 708-5046  
Telex: 160520 MSFT BUUS

To:	<b>USPTO – Mail Stop Amendment</b>	From:	Carole A. Boelitz
Company:		Bldg/Room:	21/1168
CC:		Phone Number:	(425) 722-6035
Phone Number:		Date & Time Sent:	10-21-05
Fax Number:	<b>(571) 273-8300</b>	No. of Pages:	18

Urgent     For Review     Please Comment/Reply

## Message...

Applicant: Microsoft Corporation  
 First Named Inventor: Drucker  
 Serial No.: 09/195,728  
 Filing Date: November 18, 1998  
 Title: VIEW DEPENDENT TILED TEXTURES

Attorney Docket No.: 112375.01  
 Examiner: Ryan R. Yang  
 Group Art Unit: 2672  
 Confirmation No.: 4618

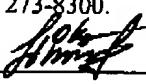
Attached please find the following documents submitted in connection with the above-identified patent application:

- General Filing Transmittal (in duplicate)
- Fee Transmittal (in duplicate)
- Response to Interview Summary (13 pages)

### CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR 5.1.8(a))

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

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Rima N. Oks  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/195,728	<b>RECEIVED CENTRAL FAX CENTER OCT 21 2005</b>
		Filing Date	November 18, 1998	
		First Named Inventor	Steven M. Drucker	
		Group Art Unit	2672	
		Examiner Name	Ryan R. Yang	
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	112375.01	

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply ( pages) <input type="checkbox"/> After Fina <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request (in duplicate) <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawings  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Response to Interview Summary (13 pages) <input checked="" type="checkbox"/> Fax Cover Sheet <input checked="" type="checkbox"/> Copy of this Transmittal form	
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <i>(Under 37 CFR § 1.8(a))</i> I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571)273-8300. <b>October 21, 2005</b>		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	
Date	Signature	Reg. No.	48,958
Rimma N. Oks Printed Name			

<b>SIGNATURE OF ATTORNEY OR AGENT</b>			
Signature	<i>Carole A. Boelitz</i>		
Name of Attorney or Agent	Carole A. Boelitz		
Date	10/21/05	Tel.	(425) 722-6035
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:	22971		

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Effective on 12/08/04 <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
<b>Fee Transmittal</b> <b>For FY 2005</b>		Application Number	09/195,728
		Filing Date	November 18, 1998
		First Named Inventor	Steven M. Drucker
		Examiner Name	Ryan R. Yang
		Art Unit	2672
		Attorney Docket No.	112375.01
		Express Mail Label No.	N/A
<b>METHOD OF PAYMENT</b> (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <b>50-0463</b>		Deposit Account Name: <b>MICROSOFT CORPORATION</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

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#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)      Small Entity  
Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50      25  
 200      100

Multiple dependent claims

360      180

###### Total Claims

Extra Claims      Fee (\$)      Fee Paid (\$)  
 41 - 42 or HP = 0      x 50 = 0

###### Multiple Dependent Claims

Fee (\$)      Fee Paid (\$)  
 0      0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
 7 - 7 or HP = 0      x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 = 0	/ 50 = 0	(round up to a whole) number x 250	= 0	

##### 4. OTHER FEE(S)

Non-English Specification,      \$130 fee (no small entity discount)

Fees Paid (\$)

Other:

0

0

#### SUBMITTED BY

Signature			Registration No. (Attorney/Agent) <b>48,958</b>	Telephone <b>(425) 722-6035</b>
Name (Print/Type)	<b>Carole A. Boelitz</b>		Date <b>10/21/05</b>	

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	<b>09/195,728</b>		
		<b>Filing Date</b>	<b>November 18, 1998</b>		
		<b>First Named Inventor</b>	<b>Steven M. Drucker</b>		
		<b>Group Art Unit</b>	<b>2672</b>		
		<b>Examiner Name</b>	<b>Ryan R. Yang</b>		
<input type="checkbox"/> Sent via Express Mail Label No.:		<b>Attorney Docket Number</b>	<b>112375.01</b>		
<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply ( pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request (in duplicate)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5		<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawings  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Response to Interview Summary (13 pages) <input checked="" type="checkbox"/> Fax Cover Sheet <input checked="" type="checkbox"/> Copy of this Transmittal form	
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <i>(Under 37 CFR § 1.8(a))</i> I hereby certify that this correspondence is being:  <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or  <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571)273-8300. <u>October 21, 2005</u>				Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0483 for the above identified patent application.	
<b>SIGNATURE OF ATTORNEY OR AGENT</b>					
Signature			Reg. No.	48,958	
Name of Attorney or Agent	Carole A. Boelitz				
Date	<u>10/21/05</u>	Tel.	(425) 722-6035	Facsimile No.	(425) 708-5046
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052				
Customer Number:	22971				

OCT 21 2005

Effective on 12/08/04  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**0.00**

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: **50-0463**

Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
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Reissue	300	150	500	250	600	300	
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Multiple dependent claims

360      180

##### Total Claims

41 - 42 or HP= 0 x 50 = 0

##### Multiple Dependent Claims

Fee (\$)      Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

##### Indep. Claims

7 - 7 or HP= 0 x 200 = 0

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

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-100 = 0	/ 50 = 0	(round up to a whole number) x 250 = 0		

#### 4. OTHER FEE(S)

Non-English Specification.    \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other:

0

0

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <b>48,958</b>	Telephone <b>(425) 722-6035</b>
Name (Print/Type)	<b>Carole A. Boelitz</b>	Date	<b>10/21/05</b>

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First Named Inventor: Steven M. Drucker  
Application No.: 09/195,728  
Filed: 11/18/1998  
Customer No.: 22971  
Title: VIEW DEPENDENT TILED TEXTURES

Attorney Docket No.: 112375.01  
Group Art Unit: 2672  
Examiner: Ryan R. Yang  
Confirmation Number: 4618

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**Response**

Sir:

In response to the Interview Summary mailed September 22, 2005, Applicant provides the following response:

**Listing of the Claims** are reflected in the listing of claims that begins on page 2 of this amendment.

**Remarks begin on page 11 of this amendment.**

Type of Response: Response  
Application Number: 09/195,728  
Attorney Docket Number: 112375.01  
Filing Date: 11/18/1998

1/13